

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101564096

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	/						
4	3						
5	1						
6	1						
7	1						
8	1						
9	1						
10	2						
11	2						
12	1						
13	0						
14	2						
15	1						
16	0						
17	0						
18	0						
19	0						
20	0						
21	0						
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50							
TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	24	←		←		←	
TOTAL CLAIMS	26						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.				↓			
TOTAL DEP.			←			←	
TOTAL CLAIMS							